STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE
Lyman County Herald		9-30-14
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE $
weekly	52	40

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO BOX 518 Presho SD 57568

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO BOX 518 Presho SD 57568

6. FULL NAME OF PUBLISHER: Lucy & Kim Halverson

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
K.L.H., LLC	PO Box 518 Presho SD 57568

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1200	1200
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	81	80
2. Mail Subscription (Paid and or requested)	829	816
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	910	896
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	6	6
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	17	17
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	933	918
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	157	157
2. Return from News Agents	110	125
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1200	1200

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature) Publisher (Title)

State of South Dakota)
§
County of Lyman)

(Seal) MICHAEL J SPRENGER NOTARY PUBLIC SOUTH DAKOTA SEAL SEAL

Sworn to before me this 23 day of Oct, 2014

Notary Public

My commission expires: MICHAEL J. SPRENGER NOTARY PUBLIC - SOUTH DAKOTA My Commission Expires March 27, 2015

Form: SOS REC 051 8/2014